

Application # _____

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Dan Ryan Builders - NC LLC	Date <u>6/20/22</u>
Site Address: 43 Barn Door Dr.	Phone <u>919-279-2339</u>
Subdivision: The Farm @ Neill's Creek	Lot <u>137</u>
Description of Proposed Work: <u>New Singel Family Dwelling</u>	Total Job Cost <u>207,256.00</u>
General Contractor Informat	ion
Dan Ryan Builders - NC LLC	919-279-2339
Building Contractor's Company Name	Telephone
3000 RDU Center Drive Ste. 202 Morrisville, NC 27560	amoss@drbgroup.com
Address	Email Address
68937 HEATED SQ FT 2718 GARAGE	SQ FT 417
License #	tion
Electrical Contractor Informa Description of Work New Singel Family Dwelling Service Siz	re: <u>200_</u> Amps T-Pole: <mark>√</mark> YesNo
MSF Electric. Inc.	919-217-9767
Electrical Contractor's Company Name	Telephone
2009 Eaglerock Road, Wendell NC 27591	jimw@msfelectric.com
Address	Email Address
<u>U.34688</u>	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work New Singel Family Dwelling	
Weather Master	919-266-4415
Mechanical Contractor's Company Name	Telephone
305 Village Drive, Knightdale NC 27545	krollins@weathermasterhvac.con
Address	Email Address
<u>17326</u> License #	
Plumbing Contractor Informa	tion
Description of Work New Singel Family Dwelling	
	# Baths 3.5
C&M Plumbing	# Baths 3.5
C&M Plumbing Plumbing Contractor's Company Name	919-658-6109
	<u>919-658-6109</u> Telephone
Plumbing Contractor's Company Name	919-658-6109
Plumbing Contractor's Company Name 5427 Hwy US 117 S.Alt., Mount Olive NC 28365	<u>919-658-6109</u> Telephone <u>cm.plumbing@ymail.com</u>
Plumbing Contractor's Company Name 5427 Hwy US 117 S.Alt., Mount Olive NC 28365 Address 19887 License #	919-658-6109 Telephone <u>cm.plumbing@ymail.com</u> Email Address
Plumbing Contractor's Company Name 5427 Hwy US 117 S.Alt., Mount Olive NC 28365 Address 19887 License # Insulation Contractor Information	<u>919-658-6109</u> Telephone <u>cm.plumbing@ymail.com</u> Email Address
Plumbing Contractor's Company Name 5427 Hwy US 117 S.Alt., Mount Olive NC 28365 Address 19887 License #	919-658-6109 Telephone <u>cm.plumbing@ymail.com</u> Email Address

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

6/20/22

Ally Moss Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General ContractorOwnerX Officer/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:	
<u>X</u> Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.	
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	
Sign w/Title: Ally Moss Date: 6/20/22	
V	